

# **PART B - FEE(S) TRANSMITTAL**

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23510 7590 06/01/2006  
**MICHAEL BEST & FRIEDRICH, LLP**  
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**P O BOX 1806**  
**MADISON, WI 53701**

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| Tracy Bruesewitz        | (Depositor's name) |
| <i>Tracy Bruesewitz</i> | (Signature)        |
| August 2, 2006          | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR       | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------------|---------------------|------------------|
| 10/021,506      | 10/30/2001  | Niall Morrison Barr Martin | 06/5435-9009        | 8516             |

TITLE OF INVENTION: PHTHALAZINONE DERIVATIVES

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 09/01/2006 |

| EXAMINER     | ART UNIT | CLASS-SUBCLASS |
|--------------|----------|----------------|
| WARD, PAUL V | 1624     | 514-248000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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|   |                              |
|---|------------------------------|
| 1 | Michael Best & Friedrich LLP |
| 2 |                              |
| 3 |                              |

### **3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

#### **(A) NAME OF ASSIGNEE**

KUDOS PHARMACEUTICALS LIMITED  
 MAYBRIDGE PLC

#### **(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Cambridge, United Kingdom  
 Cornwall, United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

#### **4a. The following fee(s) are enclosed:**

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0842 (enclose an extra copy of this form).

### **5. Change in Entity Status (from status indicated above)**

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Charlene L. Yager*  
 Typed or printed name Charlene L. Yager

Date 8/1/06  
 Registration No. 48,887

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